CENTER FOR SUBSTANCE ABUSE TREATMENT

GRANT PROGRAMS

QUARTERLY REPORT GUIDELINES

AND

SAMPLE FORMAT

January 2004
(Last revision)

QUARTERLY REPORT GUIDELINES

Quarterly reports are required by the Center for Substance Abuse Treatment (CSAT) in response to the reporting requirements outlined in the terms and conditions of support for your grant. This requirement was discussed in the Guidance for applicants (GFA) under reporting requirements section of the terms and conditions of support. In this section, the Substance Abuse and Mental Health services Administration (SAMSHA) states:

> *"Interim and final progress reports and financial status reports will be required as specified in the Public Health Services (PHS) Grants Policy Statement requirements.*
>
> *To permit compliance with the Government Performance and Results Act, grantee will be required to supply necessary data about certain grant process and/or outcome activities or results in their regularly scheduled program progress reports..."*

What is the purpose of the quarterly report?

Quarterly reports are the primary means of regular communication between the grantee and CSAT about the progress of the grantee toward meeting the goals and objectives of the grant. They are useful for monitoring grants and supporting the grantees. Quarterly reports allow the grantee to inform CSAT about progress and success, problems and their resolution, major changes in staffing or project goals, and technical assistance needs.

Note, however, that some changes in grant activities require advance consent from the CSAT Government Project Officer (GPO). For instance, changes in key staff or in project goals and objectives, or major changes in budget, require GPO approval *before* they happen. The quarterly report is not the appropriate mechanism for requesting such changes or for informing CSAT that such changes have been made.

What's in the report?

The report includes two major components, each referring to activities that occurred during the past quarter:

- **The Narrative**—This is an opportunity to provide CSAT with information about your project. Please limit your discussion to the past quarter. You may present your successes and challenges, discuss any unusual situation that may be of interest to CSAT, and describe any project changes over the past quarter. This section should be limited to three to five pages.

- **The Data**—This is an opportunity to share your project's data with CSAT. It will provide a snapshot of your efforts over the past quarter. The reports will also document the Government Performance and Results Act (1993) (GPRA) data required by CSAT. These data will be reported along with other project data. The GPRA data will be collected for clients who have gone through intake/admissions during the reporting period.

The quarterly report has three sections: grantee information, staffing information, and data and narrative information on our project. The report includes:

- **Section I**—Section I should provide the following identifying information about your program:

    - Federal grantee number
    - CSAT project officer
    - Projects title as it appears in the application for assistance
    - Name of the grantee organization
    - Name of the project director
    - Name of the project evaluator

- **Section II**—Section II includes the following five parts and identifies changes in your project's key and other staff.

    - Part A should identify changes in your project's key staff such as the project director, authorized representative, evaluator, and key clinical staff. Key staff changes require CSAT approval along with any other approvals that may be required.

    - Part B asks you to identify other changes in your staff. These changes do not require CSAT approval. They are provided for informational purposes only.

    - Part C asks you to report on any staff vacancies that may exist. If there are no vacancies, then indicate that the project is fully staffed.

    - Part D asks you to list training or professional development activities that your staff have participated in. If they have not participated in any such activities, please indicate that.

    - Part E asks you to list any licensing or certification the program attained for new services. If none was obtained during the quarter, please indicate that.

- **Section III**— Section III includes the following three parts, which provide data and discussion of other events and information on your project:

    - In Part A, list all organizations that your project has coordinated and collaborated with to provide your clients all the services their treatment may require during the past quarter. Include the type of service each organization provided.

    - In Part B, provide quantifiable information on your project. This includes the number of new clients your project served during the past quarter. This part also provides an overview of your project's efforts over the past quarter, GPRA data required by CSAT, and other project data. The GPRA data will be collected for clients who have gone through intake/admissions during the reporting period. Space is provided for projects to provide

                          additional data to highlight other activities such as outreach and recruitment.

     –   In Part C, discuss what has been happening in your project, including any successes and lessons learned. You can discuss any changes to your project's goals and objectives and your progress toward achieving them. This is your opportunity to share what has been working for you. You also can discuss any challenges or unusual situation that may be of interest to CSAT and the strategies you used in overcoming them. You are also asked to note any changes in your project over the past quarter. This part should be no more than three to five pages in length.

Detailed line-by-line instructions on these guidelines and a suggested format for your quarterly report are attached.

Where can I get a copy of the report?

You can find a copy of the report at the following web address, select Quarterly Reports from the menu:

www.csattce.samhsa.gov

Is there special information for the first report?

Yes, provide information on the key staff, goals and objectives, and any start-up issues you may have.

Who is responsible for submitting the quarterly report?

Quarterly reports must be submitted and signed by an authorized representative of the grantee.

When is the report due?

The quarterly report is due by the last working day of the month following the end of the previous quarter. The quarters are October through December, January through March, April through June, and July through September.

The quarterly report is due by the last working day of the month following the end of the previous quarter.

REPORTING PERIOD	REPORT DUE	REPORT DUE NO LATER THAN
October-December 2003 2004 2005 2006 2007 2008	January 1-31, 2004 January 1-31, 2005 January 1-31, 2006 January 1-31, 2007 January 1-31, 2008 January 1-31, 2009	January 31, 2004 January 31, 2005 January 31, 2006 January 31, 2007 January 31, 2008 January 31, 2009
January-March 2004 2005 2006 2007 2008	April 1-30, 2004 April 1-30, 2005 April 1-30, 2006 April 1-30, 2007 April 1-30, 2008	April 30, 2004 April 30, 2005 April 30, 2006 April 30, 2007 April 30, 2008
April-June 2004 2005 2006 2007 2008	July 1-31, 2004 July 1-31, 2005 July 1-31, 2006 July 1-31, 2007 July 1-31, 2008	July 31, 2004 July 31, 2005 July 31, 2006 July 31, 2007 July 31, 2008
July-September 2004 2005 2006 2007 2008	October 1-31, 2004 October 1-31, 2005 October 1-31, 2006 October 1-31, 2007 October 1-31, 2008	October 31, 2004 October 31, 2005 October31, 2006 October31, 2007 October31, 2008

Where do I send the report?

All project directors must submit the report to the designated government entity (the legal grantee), who will forward the report as indicated below. Please submit your report to the appropriate government entity early enough for its review and timely submission to The MayaTech Corporation. **Remember, do not send your report to CSAT.** The designated government entity will send the report to The MayaTech Corporation at the following address:

E-mail: quarterlyreports@mayatech.com

In what format should I prepare it?

The narrative may be done using word processing software: WordPerfect 8.1 or lower or Word 8 or lower.

How should I send it?

Reports should be submitted electronically. Please send the file via e-mail.

Who gets a copy?

The MayaTech Corporation will distribute a copy of the report to the following:

    (1) The CSAT GPO
    (2) SAMSHA grants management staff
    (3) Westat GPRA/SAIS contractor
    (4) NGIT clinical technical assistance staff (HIV grants only)

What if I need help generating the report?

If you need assistance with your report, please contact The MayaTech Corporation well in advance of the due date for technical assistance:

Nadine Rogers at: nrogers@mayatech.com
Jeronda Davis at: jdavis@mayatech.com

301.587-1600 (reference the CSAT TA Team)

CENTER FOR SUBSTANCE ABUSE TREATMENT
GRANT PROGRAMS
QUARTERLY REPORT
SUGGESTED FORMAT

Reporting Period (month and year): _____ Date: _____

Completed by (name, position, telephone): _____

I. Identification Information

Grantee Federal identification number: **H _____ TI** _____

CSAT Project Officer's name: _____

Project name: _____

Grantee organization: _____

Project Director's name: _____

Address: _____

Telephone Number: _____ E-mail address: _____

Fax number: _____

Project Evaluator's name: _____

Address: _____

Telephone Number: _____ E-mail address: _____

Fax number: _____

II. Changes in and Development of Key Personnel During Reporting Period

A. New Staff Information (changes in project director, evaluator, and key clinical or outreach staff require prior CSAT approval. The following information is needed on the new key staff. **(If no changes, please note that.)**

Name: _____ Position: _____

Address: _____

Telephone number: _____ E-mail address: _____

Fax number: _____

Date approved: _____ Approved by: _____
                                                    Government entity

Date approved: _____ Approved by: _____
                                                    CSAT

B. The following information is needed on any other new staff who were hired during this reporting period. **(If no new staff, please note that.)**

Name   Position/Title

_____   _____

_____   _____

_____   _____

C. The following information is needed on any staff vacancies during this reporting period. **(If none, please note "fully staffed.")**

Name   Position/Title

_____   _____

_____   _____

_____   _____

D.   List any training or professional development activities staff have participated in. **(If none, please note that.)**

Staff Name/Position   Training/Professional Development

_____   _____

_____   _____

_____   _____

E.   Please list any licensing/certification obtained for new services. **(If none, please note that.)**

New Service   Licensing/Certification

_____   _____

_____   _____

_____   _____

III.   Project Information

A.   Coordination and Collaboration

List all organizations to which you referred clients for additional treatment or ancillary (i.e., wraparound) services during the past quarter. **(If none, please note that.)**

_____   _____

_____   _____

_____   _____

B.   Client Information

1.   **Annual goal from grant application**: How many clients do you plan to serve this year (October 1 through September 30)?   _____

    If this number is not the same as what is in your grant application, please indicate the CSAT approved and revised number in 1a.

1a. *Revised* annual goal approved by CSAT grants management: How many clients do you plan to serve this year (October 1 through September 30)?   _____

2. **During the past quarter**:

a. How many new clients did you plan to serve (conduct an intake/admissions Government Performance and Results Act (GPRA) assessment on) (what *was* your goal)? _____

b. How many new clients did you actually serve? _____

c. How many intake/admissions GPRA assessments did you complete? _____

d. How many intake/admissions GPRA assessments did you enter in the _____
GPRA database?
> *NOTE THAT b, c, AND d SHOULD BE THE SAME NUMBER. IF NOT,*
> *PLEASE EXPLAIN IN NARRATIVE SECTION.*

e. How many clients completed the intake/admissions GPRA assessment but did not receive treatment from project staff? _____

f. How many clients were discharged from your project before completion (clients who left the program for any reason without completing their treatment plan)? _____

g. How many clients graduated from the project (clients who successfully completed the program)? _____

h. How many GPRA six-month follow-up assessments did you conduct (follow-up conducted six months after intake/admissions)? _____

i. How many GPRA six-month follow-up assessments did you enter into the GPRA database? _____

j. How many GPRA 12-month follow-up assessments did you conduct (follow-ups conducted 12 months after intake/admissions)? _____

k. How many GPRA 12-month follow-up assessments did you enter into the GPRA database? _____

l. How many clients were referred for additional services not provided by your project? _____

3. **During the next quarter:** How many new clients do you plan to serve (what is your goal)? _____

4. Additional data you may wish to provide (e.g., number of outreach contracts) _____

_____ _____

_____ _____

_____ _____

C. Project Narrative

Provide a narrative section of no more than three to five pages, including the following:

1. Describe project successes since the last reporting period.

2. If you received approval from CSAT to change your target numbers, identify who approved these changes and when they were approved.

3. Explain any differences between the number of planned and actual clients seen and between the number of clients served and the number of GPRA intakes.

4. If there are differences in item #3, explain how the project will catch up to the annual goal for the number of clients seen during the year.

5. Describe the successes and challenges associated with conducting follow-up. Explain any differences between the number of follow-ups conducted and those due at both 6 months and 12 months.

6. Note any changes in your project's goals and objectives and your progress toward achieving them. Identify who approved these changes and when they were approved.

7. Note any changes in your project's service delivery method since the last reporting period. Identify who approved these changes and when they were approved.

8. Describe any efforts to expand your project's capacity to serve the target population.

9. Note any changes in, or concerns about, your financial status that may affect the implementation or operations of your grant, including changes in other sources of funds supporting the project, budgets during the reporting period that required PO approval, or project changes in budgeting during the reporting period that will require PO approval.

10. Note changes in local conditions that may affect continued project success, e.g., changes in economic situations, funding for services, political changes, and emergence of new drug trends.

11. Provide information you gave to others about your project, e.g., newspaper articles; TV or radio coverage; public presentations; presentations at local, state, or national conferences; and publications.

12. Describe any challenges your project encountered and strategies for overcoming them.

13. Note any Technical Assistance (TA) needs your project may have.

14. Note anything else that you would like your GPO to know.

CENTER FOR SUBSTANCE ABUSE TREATMENT
GRANT PROGRAMS
KEY PROJECT PERSONAL
(Provide for First Quarterly Report Only)

Date: _____

Project Director's Name: _____

Address: _____

Telephone Number: _____ E-mail address: _____

Fax number: _____

Project Manager's/Day-to-Day Coordinator's (if same as Project Director, please note "Same")

Name: _____

Address: _____

Telephone Number: _____ E-mail address: _____

Fax number: _____

Evaluator's Name: _____

Address: _____

Telephone Number: _____ E-mail address: _____

Fax number: _____

Other Key Staff's Name: _____

Address: _____

Telephone Number: _____ E-mail address: _____

Fax number: _____

Other Key Staff's Name: _____

Address: _____

Telephone Number: _____ E-mail address: _____

Fax number: _____

CENTER FOR SUBSTANCE ABUSE TREATMENT
GRANT PROGRAMS
GOALS AND OBJECTIVES
(Provide for First Quarterly Report
Or
If You Received Approval to Change Your Goals and Objectives, List the New Ones Here.)

Date: _____

Goal One: _____

_____

Objective: _____

_____

Objective: _____

_____

Goal Two: _____

_____

Objective: _____

_____

Objective: _____

_____

Goal Three: _____

_____

Objective: _____

_____

Objective: _____

_____

_____

_____

_____

CENTER FOR SUBSTANCE ABUSE TREATMENT
GRANT PROGRAMS

START-UP ISSUES

Date: _____

ISSUE	TA NEEDED (If not needed, please explain. If it is needed, please explain what assistance is needed.)	DATE SUBMITTED TA REQUEST ON LINE